STATE OF CALIFORNIA

LIVESTOCK DRUG REGISTRATION APPLICATION

513-038 (REV. 09/00)

DEPARTMENT OF FOOD AND AGRICULTURE AGRICULTURAL COMMODITIES AND REGULATORY SERVICES

FOR OFFICE USE ONLY	□ NE	EW COMPANY	□ SUPPLEMENTAL	FIRM	NO		
DOING BUSINESS AS							
(FIRM NAME AS APPEARS ON LABEL) (PHONE NUMBER)							
FULL NAME OF APPLICANT (OWNE	R OR OW	/NERS)					
MAILING ADDRESS (USE P.O. BOX, IF AF	PPLICABLE))					
(STREET NUMBER)		(CITY OR TOWN)	(COUNTY) (ST	ATE)	(ZIP CODE +4)		
CHECK ONE:	□ PARTN	IERSHIP	☐ LIMITED LIABILITY CO	MPANY	NY (LLC)		
□ CORPORATION			□ COPARTNERSHIP		□ OTHER		
PLEASE SUBMIT A LABEL, OR FACSIMILE, FOR EACH TYPE AND SIZE CONTAINER OF EACH LIVESTOCK DRUG WITH THIS APPLICATION.							
REGISTRATION OF A LIVESTOCK DRUG INCLUDES ALL OF THE FOLLOWING: REGISTRATION OF THE DRUG AND ITS INGREDIENTS; REGISTRATION OF THE LABEL; REGISTRATION OF THE INSTRUCTIONS FOR USE; AND REGISTRATION OF THE SPECIAL DEVICE, IF ANY, FOR THE ADMINISTRATION OF THE LIVESTOCK DRUG.							
I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.							
The Department of Food and Agriculture has established time period the processing of permit applications, in compliance with Governmen Code Sections 15374-15378. Failure to comply with these time perior may be appealed to the Secretary of Food and Agriculture, P.O. Box 942871, Sacramento, CA 94271-0001, pursuant to regulations set for Title 3, California Code of Regulations, Section 301. Under certain circumstances, the Secretary may order that the applicant receive a reimbursement of filing fees.	vernment me periods	SIGNATURE OF AUTHORIZED REPRESENTATIVE					
	certain	TYPE OR PRINT NAME			DATE		
THE FEE FOR A TWO-YEAR PR	ODUCT	REGISTRATION	N FOR A LIVESTOCK DRUG I	IS			
	SIGNATURE OF AUTHORIZED REPRESENTATIVE SIGNATURE OF AUTHORIZED REPRESENTATIVE SIGNATURE OF AUTHORIZED REPRESENTATIVE TYPE OR PRINT NAME DATE RODUCT REGISTRATION FOR A LIVESTOCK DRUG IS ARS (\$180). THE REGISTRATION PERIOD SHALL ARY 1 OF EACH EVEN-NUMBERED YEAR AND EXPIRE DEPT. USE ONL)	DEPT. USE ONLY					
					RC NO. AND DATE		
THE FEE FOR A REGISTRATION NUMBERED YEAR SHALL BE NOF THE SAME YEAR.				1BER	FEE PENALTY		
SUBMIT THIS APPLICATION, LA CASHIER, FLD CALIFORNIA DEPARTM P.O. BOX 942872 SACRAMENTO, CA 942	MENT OF	FOOD & AGRI					

DO NOT SEND COIN OR CURRENCY

NAME, BRAND OR TRADEMARK	PRODUCT FORMULA (CONFIDENTIAL): SHOW QUANTITY OF EACH ACTIVE INGREDIENT AND EACH INERT INGREDIENT	FOR OFFICE USE ONLY